



**INDUSTRIAL PRETREATMENT FACILITY  
SPILL PREVENTION CONTROL & COUNTERMEASURE PLAN  
(SPCCP)**

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**FACILITY INFORMATION:**

Name of the facility: \_\_\_\_\_

Facility owned and operated by: \_\_\_\_\_

Facility location: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Person in charge of the facility: \_\_\_\_\_ Title: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ 24-hour emergency contact phone number: \_\_\_\_\_

Number of employees at this facility: \_\_\_\_\_ Operation time: \_\_\_\_\_ hours/day \_\_\_\_\_ days a week

In normal operations, all products are received from \_\_\_\_\_ or \_\_\_\_\_

Via pipelines from \_\_\_\_\_ railroad truck and/or \_\_\_\_\_ tank trucks

**SITE INFORMATION:**

The approximate acres covered by this facility \_\_\_\_\_ acres Any storm drains around the area \_\_\_\_\_

Number of existing monitoring wells \_\_\_\_\_ Number of new monitoring well proposed \_\_\_\_\_

Number of aboveground storage tanks \_\_\_\_\_ The largest tank volume \_\_\_\_\_ gallon

Are they contained in a diked area \_\_\_\_\_ The floor of the diked area is ground level \_\_\_\_\_

or \_\_\_\_\_ inches above ground level

Type of construction of impervious dike \_\_\_\_\_

Containment holding the spillage capacity \_\_\_\_\_

**Note:**

1. This form is a typical sample to help you prepare the SPCCP. You are encouraged to modify this plan specifically applied to your facility. The information contained here shall be covered at the minimum requirements in your own SPCCP.
2. All pages required with initial of the professional engineer and responsible officer.
3. Site plan and monitoring well structure details must be attached with this submittal.

## TABLE OF TANK INFORMATION

[illegible]

\* After tank number identify if aboveground (AG) or underground (UG)

Describe any other type of containers holding chemicals:

**SPILL EVENTS:**

1. These facilities are to be constructed and therefore has not reportable spill events, or
2. This facility was constructed on (Month/Day/Year) \_\_\_\_\_ and previous spill events are as follows:

**PREDICTION OF SPILL BEHAVIOR: (FILL OUT AS MANY AS APPLICABLE)**

1. A spill from any of the bulk storage tanks would be contained in the dike area.
2. The spill will be \_\_\_\_\_ pumped out into empty drums from \_\_\_\_\_ reclaim \_\_\_\_\_ for disposal in an approved site.
3. \_\_\_\_\_ absorbed with absorbent material and disposed in an approved site.
4. Any spill from drums stored in the shed will be collected into the underground tank, pumped out for reclaim and/or disposal in an approved site.
5. Other \_\_\_\_\_

**BULK STORAGE TANKS:**

The materials and design of the bulk storage tanks area compatible with the products they hold. A detailed inspection will be made of each tank each month and record will be kept of results of inspections. All aboveground tanks, their foundations and supports will be visually inspected daily during routine operations.

Each aboveground storage tank has a \_\_\_\_\_ visual gauge and/or its contents are measured annually with measuring sticks.

Records of contents are kept. Also, gaskets, pumps, lines, etc. are inspected daily by personnel. Any leakage shall be reported immediately to the facility supervisor.

**INSPECTION RECORDS:**

Inspection, the frequency and records are maintained as follows:

Inspection / Test	Frequency	Records
Tank integrity (visual)*	Monthly	Yes
Tank supports and foundations (visual)*	Monthly	Yes
Liquid sensing devices	Weekly	Yes
Aboveground valves pips and fittings (visual)*	Monthly	Yes
Corrective actions	As required	Yes

\* Also subject to daily routine inspection by operating personnel.

## STORAGE TANKS AND PIPING INSPECTION

All storage tanks, piping, joints, valve glands and bodies, pipelines support, metal surfaces, and other aboveground equipment and facilities for holding oil or chemicals will be visually checked by each employee as he/she pursues his/her daily work. Any and all discrepancies will be reported immediately to the supervisor. Additionally, an entry will be made in the record of the discrepancy and corrective action taken.

**Note: A detailed and specific visual check of the entire facility, including monitoring wells will be made on the first working days of each month. Records of this inspection will be maintained at the premises and available to DERM's staff.**

## CERTIFICATION

I hereby certify and attest that I am familiar with this facility and the information contained in this plan; that to the best of knowledge and belief such information is true, complete and accurate. Also that the plans submitted were prepared in accordance with good engineering practices.

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**Signature and Seal of Professional Engineer**

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P.E. Name and Florida Registration Number (Please Type)

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Address (Please Type)

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Date

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Telephone Number

## APPROVAL

**The Spill Prevention and Countermeasure Plan (SPCCP) is hereby approved for implementation.**

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**Name of Company**

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Name & Title of Responsible Officer (Please Type)

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Signature of Responsible Officer (Please Type)

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Date

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Telephone Number